



JEFFERSON COUNTY SHERIFF'S OFFICE
APPLICATION FOR CRIMINAL JUSTICE RECORDS
RECORDS UNIT 303-271-5542 FAX 303-271-5552
200 Jefferson County Parkway, Golden, CO 80401 Attn: Records

Reply may take up to three working days. Please allow adequate time for processing and mailing.

PURPOSE FOR THE REQUEST: Please check one of the following:

☐ **MUG SHOT**

NAME _____ DOB _____ JCID # _____

☐ **ARREST/RELEASE DATES**

NAME _____ DOB _____ JCID # _____

☐ **BACKGROUND CHECK** (ARREST AND SUMMONS INFORMATION BASED ON SHERIFF'S RECORDS ONLY)

NAME _____ DOB _____

☐ **CASE REPORT** CASE # _____ OR

NAME _____ DOB _____ ADDRESS _____

(Reporting Party or person listed in report)

NATURE OF CALL _____ DATE OF REPORT _____

☐ **LOCATION SEARCH/ADDRESS QUERY (Unincorporated Jefferson County only)**

ADDRESS _____

TIMEFRAME (DATES) REQUESTED _____

☐ **OTHER** _____

(CAD Print Out, Criminal History Records, etc)

**PER COLORADO REVISED STATUTE 24-72-305.5 ACCESS TO RECORDS/DENIAL BY CUSTODIAN
USE OF RECORDS TO OBTAIN INFORMATION FOR SOLICITATION**

THE OFFICIAL CUSTODIAN SHALL DENY ANY PERSON ACCESS TO RECORDS OF OFFICIAL ACTIONS AND CRIMINAL JUSTICE RECORDS UNLESS SUCH PERSON SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH RECORDS SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS FOR PECUNIARY GAIN (MONETARY GAIN).

I, _____ ACKNOWLEDGE AND UNDERSTAND the above statement
and I am not requesting this information for the solicitation of business for pecuniary gain.

Signature _____ Date _____

Address _____ Phone _____

City, State Zip _____ FAX # _____

FOR INTERNAL USE ONLY

REQUEST COMPLETED BY _____ DATE _____ REMARKS _____

PAYMENT PROCESSED BY _____ DATE _____

☐ CASH ☐ CHECK ☐ MC/VISA AMOUNT \$ _____

REQUEST DENIED BY _____ REASON _____

TO BE COMPLETED BY CUSTOMERS USING MASTER CARD OR VISA FOR FAX OR MAIL REQUESTS

CREDIT CARD NUMBER _____ EXP. DATE _____

SECURITY CODE _____ AUTHORIZED SIGNATURE _____

(Last three digits that appear in signature panel on back of card)

04/2015 JCSO/R 190